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Behavioral Health EHR

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SOS  
610 N. Silver St  
Silver City, NM 88061

575-958-6131  
575-958-6947

Medicaid ID: YIF905154145

**Yazzie, Joshua**

ID: 153 DOB: 7/5/1984

**Treatment Plan (SOS)**

Use Note Creation Time  
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Set Date/Time

7/27/2023  
7:10 AM

**TREATMENT PLAN FOR JOSHUA YAZZIE**

A treatment plan was created or reviewed today, 7/27/2023, for Joshua Yazzie.  
Meeting Start: 7:00 AM - Meeting End: 7:10 AM  
This was a 90 Day Treatment Plan.

**Diagnosis:**

**PROBLEM / NEEDS:**  
Problem / Need # 1: Transportation

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**Problem / Need: TRANSPORTATION**

**PROBLEM: Transportation**  
Joshua's transportation is an active need that affects his recovery environment and requires intervention. It is primarily manifested by:  
needs I.D./ license

*Loss of Driving Privileges: Details as follows:*  
\*Due to DUI  
*Loss of Reliable Transportation: Details as follows: caused by DUI*

**LONG TERM GOAL:**  
Joshua will obtain a state issued driver's license.  
Target Date: 10/27/2023

**SHORT TERM GOAL(S) & INTERVENTIONS:**  
Short Term Goal / Objective:  
Joshua will continue process of obtaining and maintaining reliable transportation.  
Frequency: twice per day Duration: 30 minutes Progress: Plans to start soon  
Target Date: 8/27/2023

Intervention:  
Counselor will encourage Joshua and support process of obtaining and maintaining reliable transportation. Progress will be monitored.  
Frequency: once per week Duration: 15 minutes Clinician: Christina Wolford, LCSW

**STATUS:**  
7/27/2023: The undersigned clinician met with the patient (and family, as appropriate) on the

Service Location

Audit Log

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